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PTO/SB/21 (08-08)

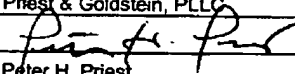
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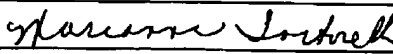
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/772,483
	Filing Date	Feb 5, 2004
	First Named Inventor	Cooper, Robert S.
	Art Unit	2609
	Examiner Name	Kovacek, David M.
Total Number of Pages in This Submission	Attorney Docket Number	114.0006

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Credit Card Form
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Priest & Goldstein, PLLC		
Signature			
Printed name	Peter H. Priest		
Date	November 3, 2008	Reg. No.	30210

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Marianna Tortorelli	Date	November 3, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT**

114.0006  
503057-A-01-US (Cooper)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Cooper et al.  
Serial No.: 10/772,483  
Filed: February 5, 2004  
For: METHODS AND APPARATUS FOR PROVIDING CONTEXT AND  
EXPERIENCE SENSITIVE HELP IN VOICE APPLICATIONS  
Group: 2609  
Examiner: Kovacek, David M.

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Durham, North Carolina  
November 3, 2008

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Amendment Transmittal

Sir:

1. Transmitted herewith is an Amendment for the above-identified application, responsive to an Office Action dated July 2, 2008.

**FEE FOR CLAIMS AS AMENDED**

2. ☒ No additional fee is required.  
☐ The additional fee has been calculated as shown below:

**RECEIVED  
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	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate		Additional Fee
Total Claims	18	-	20	0	x \$52.00	=	0.00
Independent Claims	2	-	3	0	x \$220.00	=	0.00
Multiple Dependent Claims		-			x \$390.00	=	
<b>TOTAL</b>							<b>\$ 0.00</b>

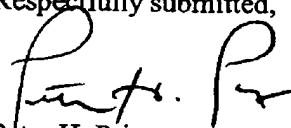
3.

☐ Charge the fee of \$ \_\_\_\_\_ to Credit Card (see attached form).☒ Charge the fee of \$ 130 for a 1 month extension of time to Credit Card (see attached form). This letter petitions for a 1 month extension of time to respond.

4.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, including any fee for extension of time or credit any overpayment to Law Offices of Peter H. Priest **Deposit Account No. 50-1058.**

Respectfully submitted,



Peter H. Priest  
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Durham, NC 27713-7736  
(919) 806-1600